MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		3				
6		3				
7		2				
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TOTAL IND.	1					
TOTAL DEP.	14					
TOTAL CLAIMS	15					

		IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.							
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TOTAL CLAIMS							